

**CAMPAIGN CONTRIBUTIONS  
AND EXPENSES REPORT**

City of Las Vegas/State of Nevada

GARY L RATLIFF CITY COUNCIL WARD 6  
Name (print) Office (if applicable) District (if applicable)

GARYRLV@COX.NET \_\_\_\_\_  
Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Report #1 — Due March 29, 2005**  
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☒ **Report #2 — Due May 31, 2005**  
Period: Mar. 25, 2005 — May 26, 2005
- ☐ **Report #3 Due — July 15, 2005**  
Period: May 27, 2005 — June 30, 2005

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**CONTRIBUTIONS SUMMARY**

1. Total Monetary Contributions Received in Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
<u>0</u>	<u>\$200.00</u>
<u>0</u>	<u>0</u>

3. Total Amount of Monetary Contributions Received  
(Add Lines 1 and 2)
4. Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
<u>0</u>	
<u>0</u>	

**EXPENSES SUMMARY**

5. Total Monetary Expenses Paid in Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. Total Amount of All Monetary Expenses Paid  
(Add Lines 5 and 6)
8. Total Value of In Kind Expenses in Excess of \$100

<u>0</u>	<u>\$4791.07</u>
<u>0</u>	<u>0</u>
<u>0</u>	<u>\$4791.07</u>
<u>0</u>	<u>\$451.50</u>

**AFFIRMATION**

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Gary L Ratliff 27 May 2005  
Signature Date

## #

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100**

**Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

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**CAMPAIGN EXPENSES**

Report Period #

GARY L RATHIFF CITY COUNCIL WARD 6  
 Name (print) Office (if applicable) District (if applicable)

**Expenses in Excess of \$100**

**Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
<del>111 NONE</del>		<del>11111</del>	

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**IN KIND CAMPAIGN  
CONTRIBUTIONS**

Report Period #

Name (print) GARY L. RATHIFF Office (if applicable) CITY COUNCIL WARD 6 District (if applicable)

**IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
<del>     </del>	<del>     </del>	<del>NONE</del>	<del>     </del>	

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